

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

161

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|----------------------|-------------------|
| Application Number | 10/767,216 |
| Filing Date | January 29, 2004 |
| First Named Inventor | Lipson, Pamela R. |
| Art Unit | 2161 |
| Examiner Name | Paul Kim |

Attorney Docket Number

018236-001900US

ENCLOSURES (Check all that apply)

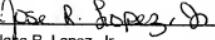
| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a | <input type="checkbox"/> Appeal Communication to TC |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Provisional Application | <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Thomas D. Franklin | | |
| Date | X/10/07 | Reg. No. | 43,616 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.

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| Signature |  | | |
| Typed or printed name | Jose R. Lopez, Jr. | Date | X/10/07 |